

## Montgomery Cares Advisory Board

### September 23, 2020 Meeting Notes

**MCAB Members Present:** Betsy Ballard, Julia Doherty, Sarah Galbraith-Emami, Dr. Travis Gayles, Sybil Greenhut, Lynda Honberg, Yuchi Huang, Peter Lowet, D. Maria Rice, Diana Saladini, Langston Smith, Wayne Swann

**MCAB Members Absent:** Sharron Holquin

**DHHS Staff:** Tricia Boyce, Magda Brown, Tara Clemons, Dr. Raymond Crowel, Cindy Edwards, LaSonya Kelly, Robert Morrow, Christopher Rogers, Rebecca Smith

**County Council Staff:** Councilmember Gabriel Albornoz, Beth Shuman, Linda McMillan

**Primary Care Coalition:** Elizabeth Arend, Rosemary Botchway, Leslie Graham, Jenna Hall, Faith Makka, Marisol Ortiz, Aisha Robinson, Hillery Tumba

**Guest:** Jess Fuchs, Crystal Townsend

The Chair, Wayne Swann, called the meeting to order at 4:13 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	<b>Approval of Minutes – July 22, 2020</b>  <i>Moved by Peter Lowet</i> <i>Seconded by Sybil Greenhut</i>		<b>Wayne Swann</b>	
2.	<b>Montgomery Cares Advisory Board Chair Report</b>  Wayne highlighted the agenda items and noted we would have two speakers during the meeting, Councilmember Albornoz and Dr. Crowel. He also noted to the board, due to COVID-19, we will have two business/planning meetings with adjusted times given the video/teleconference format. The Board will discuss the details during the meeting.		<b>Wayne Swann</b>	
3.	<b>Health Care for the Uninsured Report</b> <b>See Report and handout</b>  <u><b>Monthly Status Report</b></u>  Tara reviewed the data for the Health Care for the Uninsured programs:		<b>Tara Clemons</b>	

**General Updates**

The County Council HHS committee will have an update on Montgomery Cares, Care for Kids, and County Dental on October 8<sup>th</sup>.

Membership - the names of new/renewal members scheduled for confirmation we're posted on the County Council Agenda Sept 22nd, tentatively scheduled for confirmation on September 29th. There are two new members, two new appointee and two renewals. The Managed Care representative position continues to remain vacant

**Montgomery Cares** has served 6,381 patients through August with a total of 9,124 patient visits (in-patient and telehealth) at the ten participating clinics. Please see the data report attached detailing the split between in-patient and telehealth encounters. DHHS has extending the block payment schedule during the COVID-19-19-19 public health emergency through October 2020.

- PCC and DHHS are working on a plan to permanently provide telehealth/telemedicine through the MCares contract. DHHS and PCC met with the clinics

**Care for Kids** program enrollment through August 2020 is 5,747 which is a 30% increase over the same time last year.

- COVID-19: all CFK providers are conducting telehealth. Any children 2 and younger are being seen in person to manage immunizations and primary care. Additionally, since late August 2020, the County has opened its immunization clinics for children at the DHHS Rockville and Germantown sites. At the Germantown (Middlebrook) site only, the County is providing same day immunization and dental services. Via appointment, the child would receive the services at the same visit.
- School Based Health Centers (SBHC's): Based on MCPS not having in-person classes through first semester of academic year, SBHC haven't open as well. The County is exploring with MCPS opening at least two centers for in-patient visits, down county and up county. CFK will need to lean on its community and private physicians to provide and well and sick visits for children.

**The Maternity Partnership Program's** enrollment through August was 176 teens and women, a -40% decrease in enrollment compared with FY20.

- White Oak Medical Center will no longer be a MP provider as of December 2020. This was the decision of the hospital; they do not want to provide outpatient services. They will continue to provide delivery services

**Dental Services**

- Rockville and Dennis Ave have been open for emergency dental care for all populations throughout the entire COVID-19 pandemic and continue to be open. These two clinics have not closed during the pandemic. Germantown and Metro Court Clinics have recently opened within the last couple of weeks and are accepting emergencies only.
- The Silver Spring Fenton clinic has been closed since the beginning of COVID-19. The office voice message and signage at the clinic location directs patients to call the main dental clinic at Rockville 240-777- 1875

	<p><b>Health Care for the Homeless</b></p> <ul style="list-style-type: none"> <li>▪ SEPH &amp; PH continue to do mass testing at the shelters on a weekly basis and have started flu clinics weekly at the sites during mass testing.</li> <li>▪ Shelter space for single individuals is scarce for male and females. SEPH is currently looking for new shelter spaces, reassessing the current clients to make sure all high-risk vulnerable adults are placed in hotels and housing clients quicker.</li> </ul> <p><b>Discussion</b></p> <ul style="list-style-type: none"> <li>▪ Julia asked if Tara could share the names of the future members, Tara explained that they were listed on the website, Ashok Kapur and Katherine Deerkoski. She also mentioned that Diana Saladini had officially become a board member and Langston Smith’s term was renewed.</li> <li>▪ Julia questioned anyone from the Latino community had been interviewed. Tara explained she doesn’t believe any applicants applied from the Latino Community. Additionally, race and ethnicity are not part of the BCC application process so there is no actual way to verify this. Julia also requested that a member contact information list could be provided to all Board members.</li> <li>▪ Peter highlighted that volumes are still down with COVID-19. The clinics appreciate the block payment approach that DHHS has maintained and hope that it can continue during the next quarter. Peter also mentioned it is the clinic’s responsibility to enrich and outreach to the population.</li> </ul>			
4.	<p><b>Montgomery Cares FY20 Annual Report</b></p> <p><b>See report and handout</b></p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>▪ Linda McMillan requested clarification regarding the increase in self pay patients with a decrease in access to medications. Rose mentioned that one of the challenges clinics are facing. Patients are not submitting eligibility paperwork and they are opting to self-pay. When this occurs, Montgomery Cares Community Pharmacy and Specialty Care is not available to those patients.</li> <li>▪ Julia mentioned that the report contained a large amount of information and that she would need time to absorb it all. Rose acknowledge the size of the presentation and stated that most questions will be answered once members review the slides.</li> <li>▪ Julia questioned what the priority issues relating to MCares would be moving forward. Rose stated that the main priority would be telehealth and highlighted that discussions are already taking place with DHHS.</li> <li>▪ Wayne wanted to know what the possibilities of combining telehealth with the block payment look life for the future. Rose stated that this was a question for DHHS. Tara mentioned that combining them is not feasible currently. She explained that if the County adopts telehealth for MCares, there will be a established rate for telehealth encounters. She also explained that per the contract, reimbursement can only be made after the delivery of services. However, in the future, the program reimbursement may have to be designed a different way such as moving to a value based model instead of fee for service.</li> <li>▪ Wayne suggested that an agenda item be added to the next meeting to further discuss the report.</li> <li>▪ Peter questioned regarding the telehealth and the contract conversation by stating that this is the perfect time</li> </ul>	Rose Botchway		

	<p>to advocate if there is some positioning that MCAB wants to take regarding block payment. Tara explained the implementation timeline. Full implementation will begin FY2021. Dr. Rogers mentioned that if MCAB would like to have their recommendations for DHHS consideration they would need to be submitted by the middle of October. Tara and Dr. Rogers would like to have a solid telehealth policy contract drafted by early November. This would give time for any necessary modifications so that a final decision can be made by December 2020.</p> <ul style="list-style-type: none"> <li>▪ Tara mentioned that a clear distinction is made that the discussion is for the policy itself as there is not an actual budget for telehealth. Strong advocacy would be needed to gain ongoing fiscal support for telehealth.</li> <li>▪ Peter brought up the press release from Marc Elrich’s office about the threats and hate speech directed towards Dr. Gayles. He wanted to know what the Board could do as far as showing support internally and externally as this reaction has been very disturbing. Wayne mentioned that this was something he wanted to discuss with the Board as well and possibly send a letter of support directly to Dr. Gayles similar to the press release. Sarah mentioned that the commission on health had prepared a similar letter. Wayne wanted to know if the letter had been sent, Sarah volunteered to check with Karen to find out if the letter had been sent. Wayne stated that if not sent, they could do a joint letter and asked Sybil to check with behavioral health group to sign on.</li> </ul>			
<p><b>5.</b></p>	<p><b>FY21 Sept. Strategic Planning Committee’s Breakouts</b></p> <ul style="list-style-type: none"> <li>• October 2020 meeting - Members previously discussed to have it be 3 hours with a large focus on Board development. Dr. Smith and Linda agreed that it was a great idea and it was the consensus of the Board to move forward this way.</li> <li>• Regarding advocacy, Peter shared Troika sent questions for the HHS committee to consider on October 8<sup>th</sup>. This is a good marker for what issues exist and to begin discussion about telehealth and a population health support mechanism instead of fee for service.</li> <li>• Hillery mentioned that the Council’s timeline for budget preparation remains unchanged. Things should get moving in the next few weeks in terms of identifying high level priority buckets and FY22 will be a year like no other.</li> </ul>	<p><b>Wayne Swann</b></p>		
<p><b>6.</b></p>	<p><b>Speaker: Raymond Crowel</b></p> <ul style="list-style-type: none"> <li>▪ Dr. Crowel explained to the Board that he had just finished a meeting discussing the recovery process. He mentioned that this was a very important meeting as it focused on workforce development and the vision for the County’s workforce. The second part was regarding how to deal with the pandemic and where the County is now as we head into the future both in terms of short- and long-term planning.</li> <li>▪ Dr. Crowel thanked PCC and Montgomery Cares for all the work around COVID-19 and supporting County residents. He also thanked Tara and Dr. Rogers for their flexibility and figuring out how to accommodate things do the work and do so safely.</li> <li>▪ COVID-19 testing - The County is providing testing and trying to ramp it up every week. Some clinics are also doing testing, and this will help with numbers, particularly for vulnerable populations.</li> </ul>	<p><b>DHHS Staff</b></p>		

<ul style="list-style-type: none"> <li>▪ The County is currently averaging about 23,000-24,000 tests a week from all sources. The challenge is that those numbers are down from just a few weeks ago where the average was 27,000-28,000 tests a week; this drop is not a result of less testing but rather a result of COVID-19 fatigue and complacency.</li> <li>▪ Dr. Crowel also mentioned that as we enter Flu season combined with COVID-19 could result in a resurgence. He also noted that the weather is getting colder and people are spending more time indoors. The County has been in phase 2 of reopening for 90+ days, the positivity rate continues to hover, and the number of cases has remained between 60-100 cases a day. He feels that we will remain in phase 2 for some time.</li> <li>▪ He also mentioned that this disease has ripped the mask and revealed some ugly truths about racial injustice in the healthcare field and the reason MCares exists is to combat some of those injustices and to offset the impact of some of those challenges. The County Council, County Executive and HHS Leadership are committed to trying to work to make sure that those injustices are addressed. Dr. Crowel mentioned that it is not just about linguistic capacity but there is also a need to understand the culture of the people you are serving. Equity is about figuring out how to serve in an equitable manner.</li> <li>▪ A consolidated HUB partnership for food and other services that was launched by providers familiar with the community. The goal of these HUBS is to support the community and for HHS to think about how to make the HUBS a more permanent fixture consisting of partners and key staff.</li> <li>▪ Economics of the County - the revenue picture is ok now but there may be a dip into general funds. He also noted that the County had a savings plan a few months back and were asked to keep in mind that a new savings plan may be needed.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>▪ Julia thanked Dr. Crowel for all the work done and wanted to find out how to obtain detailed data regarding eligibility to be able to determine and evaluate the need for policy changes and the needs of the community. Dr. Crowel answered that OESS has been in the front line with any opportunities, benefit packet or resources that have been put forward due to COVID-19- in the past 6 months making their ability to get all the data together somewhat challenging. He mentioned that the department has a great team of data analysts but the opportunity to talk to Dr. Rogers and Tara has not presented itself. He did mention that the team will work on getting the answers and the data requested.</li> <li>▪ Wayne wanted to know how aggressive the Board should be moving forward with advocacy while acknowledging the current financial climate the County is experiencing. Dr. Crowel recommended to continue to advocate for what the board feels the needs are as they will shape the thinking and help in the decision making.</li> <li>▪ Lynda wanted to bring up the affordability issue and the need to revisit this more so now with COVID-19. She also wanted an update about the dental program. Dr. Crowel mentioned that the dental clinics and the dental program have a structural challenge and that conversations have taken place with Dr. Gayles and the capacity is an issue. He also mentioned that the hiring/recruiting process may need to be revisited to update the model. Dr. Gayles was looking at this when COVID-19 took over.</li> <li>▪ Langston wanted to know how the board could help. Dr. Crowel stated that the board is in a position to see needs that we do not, and to make suggestions on how to address the inequities in the system. Langston also mentioned that the staffing contract vs. the hiring process needs to be revised to meet the needs before an</li> </ul>			
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	<p>expansion can take place</p> <ul style="list-style-type: none"> <li>▪ Lynda wanted to express her concerns about the challenges faced by students and the growing disparities in health and education and wanted to know how much the health department was working with the public schools to figure out when schools can reopen. Dr. Crowel stated that this issue weights on the minds of Dr. Gayles, Dr. Smith, Dr. Crowel and many other people. He also mentioned that they are in constant meetings with Dr. Smith and Dr. McKnight about what makes sense in terms of safety and all that is based on decisions based at the state level.</li> <li>▪ Wayne thanked Dr. Crowel for taking the time to meet with the board.</li> </ul>			
7.	<p><b>Speaker: Councilmember Gabriel Albornoz</b></p> <p style="text-align: right;"><b>Wayne Swann</b></p> <p>Beth Shuman introduced Councilmember Gabriel Albornoz. She mentioned that the Board would hear about the commitment that the Council has made and what is related to COVID-19 and the populations that MCAB serves.</p> <ul style="list-style-type: none"> <li>• Councilmember Albornoz thanked the board for working around the clock with patients, clients, partner organizations and for their dedication.</li> <li>• He mentioned that while the infrastructure of the County has been tested during this pandemic, that infrastructure has put us in a significantly better position than other jurisdictions.</li> <li>• Councilmember Albornoz mentioned that the work done through the “Latino Health Initiative” and “Por Nuestra Salud initiative” has been groundbreaking. They are partnering with different communities including, faith-based and identifying emerging leaders. He noted that new organizations and players have partnered together, and the HUB model is where we are seeing the greatest evidence of that. The HUB’s primary function is to address food security issues but have become a place for information, a one stop shop for families to learn about other services that the County provides.</li> <li>• He feels that the HUBS are significant because just before the pandemic hit there was a session discussing the effects of the current’s administration immigration policies and there was evidence that people were pulling away from government programs including health programs and health services. The most common question is whether accessing any County services or programs including COVID-19 testing could affect people’s immigration status. Councilmember Albornoz noted that the fact that people are hesitant or worse yet not accessing a service because of this concern is criminal and puts all of us at risk.</li> <li>• Councilmember Albornoz stated that while telehealth and telemedicine will never take the place of in-person care.</li> <li>• Councilmember Albornoz also discussed some of the challenges that the County will face and mentioned that it is his understanding that the current administration will approach the financial concerns in a similar manner as the Leggett administration did from 2008-2011.</li> <li>• The 311 calls for social services have increased from an average of 6-19 minutes pre-pandemic to 17-35 minutes. Dr. Crowel has talked about bringing back the navigator system HHS had in the past to help families navigate the very complex systems. He expressed his concerns over the mental health front-line workers and the social unrest while attempting to address social justice issues that should have been addressed decades/generations ago.</li> </ul>			

	<p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Julia thanked Councilmember Alborno for all the work he has done to support the safety net. She questioned how the board could help advocate with coalition building. Councilmember Alborno mentioned that the Council will have work sessions and he will make sure that MCAB has a seat at the table.</li> <li>• Wayne wanted to know how MCAB could help with the racial health disparities. Councilmember Alborno would like to focus in bringing the private sector and looking at the barriers. He mentioned that work is being done on putting together summit to address these issues and noted that the Council’s office, DHHS and MCAB should work together in a steering committee to help develop the agenda.</li> <li>• Lynda wanted to know what MCAB could do to help with the affordability issue and issues with schools’ disparity with virtual learning. Councilmember Alborno stated that a work session needs to be setup to further discuss the issue.</li> </ul>			
8.	<p><b>Brainstorming Session – Program/Policy Issues FY21/FY22 Program and Advocacy Priorities</b></p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Wayne asked that the committee chairs send an email to Tara with the three advocacy priorities to have it ready for the October meeting</li> <li>• Peter recommended that the MCAB October meeting is held after October 8<sup>th</sup>’s HHS Committee Meeting so that he and Hillery could provide information about the meeting and the issues that were raised as well as any insights coming out of the session.</li> <li>• Dr. Smith mentioned that he had met with Dr. Boyce and noted that the discussion was excellent but that more discussion time was needed to finalize their ideas on the priorities.</li> </ul>	<b>Program Leads Wayne Swann</b>		
9.	<p><b>October 2020 Agenda</b></p> <p>The next meeting will be October 28, 2020</p>	<b>Wayne Swann</b>		
10	<p><b>Meeting Adjourned at 7:02 pm</b></p> <p><i>Motion to adjourn: Langston Smith</i>  <i>Seconded: Lynda Honberg</i>  <i>Unanimously approved</i></p>			

Respectfully submitted,

Tara O. Clemons  
Montgomery Cares Advisory Board